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Kentucky Board of Nursing
312 Whittington Parkway, Suite 300
Louisville, KY 40222-5172
(502)429-3300
(502) 429-3311 FAX

NOMINATIONS FOR DIALYSIS TECHNICIAN ADVISORY COUNCIL

NOTE: An individual that is appointed to the Dialysis Technician Advisory Council **must** attend the first scheduled meeting after their appointment. Failure to attend this meeting will result in their removal from the Council.

PLEASE PRINT

Nominee's Name _____ Title _____

KY RN License# _____ OR KY Dialysis Technician Credential # _____

Nominee's Address _____
(Street address)

(City, State and Zip Code)

Nominee's Employer _____

Address of Employer _____
(Street Address, City, State and Zip Code)

Employer Phone _____ () _____

EDUCATIONAL PREPARATION

Program of Nursing or DT Training Program Completed _____

Address of Program _____
(Street address)

(City, State and Zip Code)

Type of Program _____
(ADN, BSN, GRD OR DT TRAINING)

Degree/Credential Received _____

LIST PROFESSIONAL HISTORY BEGINNING WITH MOST RECENT EMPLOYMENT
(May attach resume or vitae)

Date _____ Signature _____

Please return the completed form to the Board office by August 1, 2010.

Contact Suzette Scheuermann at (502) 429-7184 if you have questions.